

**Missouri First Steps System  
Family Cost Participation Agreement**

**DRAFT - For Discussion at the July 8, 2005 SICC Meeting**

Pursuant to Sections 160.900-160.925, RSMo, families participating in the Missouri First Steps System who meet certain levels of annual family income must contribute to the cost of providing early intervention services.

The following calculation is used to determine the amount of monthly fees to be paid by a family who elects to participate in the Missouri First Steps System. Monthly fees will be due and payable as of the first of the month for participation (for any portion) of the previous month. The account will be delinquent after 30 days if not paid. The CFO will mail a reminder of "fees due" after 30 days; again after 60 days; and a final reminder after 75 days. If payment has not been received by 90 days from the due date, all existing service authorizations will be suspended. It will be assumed that the family has elected to no longer participate in the Missouri First Steps System.

By signing this form, the family agrees to immediately inform the Missouri First Steps System when financial resources as used to calculate the current monthly fee changes by more than 10%. If the family fails to inform the Missouri First Steps System of changes to family resources affecting the amount of monthly fee in a timely manner, the family understands that a change to the amount of the monthly may be retroactive to the point at which the family resources changed.

**Monthly Fee Calculation**

1	Date	<input style="width: 100%;" type="text"/>	<i>Client Number</i>	<input style="width: 100%;" type="text"/>	
2	Name for Billing Purposes:	<input style="width: 100%;" type="text"/>			
3	Address for Billing Purposes	<input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>			
4	Child(ren) Participating in First Steps:	<input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>			
5	Total Number Persons In Family	<input style="width: 100%;" type="text"/>			
6	Type of Family Resource review	<input type="checkbox"/> Intake <input type="checkbox"/> Annual Review <input type="checkbox"/> Change in Family Resources <input type="checkbox"/> Other			
7	Family Refuses to Provide Family Resource Information But Wishes to Participate in First Steps (Non-Medicaid Family)	<input style="width: 100%;" type="text"/>			
8	Medicaid	<input style="width: 100%;" type="text"/>			
	a. Family Enrolled in Medicaid - NO Private Health Insurance	<input style="width: 100%;" type="text"/>			
	b. Family Enrolled in Medicaid - With Private Health Insurance (Agrees to Access)	<input style="width: 100%;" type="text"/>			
	c. Family Enrolled in Medicaid - With Private Insurance (May Not Access Private Insurance)	<input style="width: 100%;" type="text"/>			
9	<b>Total Annual Gross Income in Preceding Year (Use filed Federal Income Tax form)</b>	<input style="width: 100%;" type="text"/>			
	<i>OR</i>				
10	<b>Total Annual Gross Income in Preceding Year (Other documentation - Attached)</b>	<input style="width: 100%;" type="text"/>			
	<i>Minus</i>				
11	<b>Allowed Annualized Medical/Dental Costs (not reimbursed by Insurance)</b>	<input style="width: 100%;" type="text"/>			
	<i>Minus</i>				
12	<b>Allowed Annualized Childcare/respite Costs (not to exceed \$5,000 )</b>	<input style="width: 100%;" type="text"/>			
	<i>Minus</i>				
13	<b>Costs and Fees associated with the Adoption of a child (not to exceed \$5,000/year)</b>	<input style="width: 100%;" type="text"/>			
14	<b>Other:</b> Describe	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
15	<b>Adjusted Annual Income Used to calculate Monthly Family Fee</b>	<input style="width: 100%;" type="text"/>			
16	<b>Monthly Fee (Due And Payable The First Of Each Month)</b>	<input style="width: 100%;" type="text"/>			
17	<b>First Monthly Payment Due</b>	<input style="width: 100%;" type="text"/>			

I agree to pay the monthly fees indicated on Line 16 of this agreement. I understand that certain services are provide at no charge, but that the family contribution rate indicated on this agreement is the family contribution associated with participation in the Missouri First Steps System. I further understand that if I become delinquent in the payment of the agreed upon monthly fee, my family may lose the ability to receive direct from the First Steps System.

\_\_\_\_\_  
Signature of Authorized Family Member

\_\_\_\_\_  
Date

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\_\_\_\_\_  
Signature of Authorized SPOE Representative

\_\_\_\_\_  
Date

**NOTE 1:** Highlighted fields indicate data is automatically pulled from the MOFS system or is automatically calculated  
Other data must be hand entered during the appropriate financial review period

**NOTE 2:** Signatures are required because this document constitutes a financial agreement between the family and the First Steps System